IN THE UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF TENNESSEE 05 JUN 22 PM 12: 00 WESTERN DIVISION

ROBERT R. DI TROLIO

CLERK, U.S. DIST. CT. W.D. OF TN, MEMPHIS UNITED STATES OF AMERICA Plaintiff, CR. NO. 89-20025-Ml VS JERRY BARNES Defendant(s)

ORDER ON CHANGE OF RESTITUTION VICTIM

On September 22, 1989, the defendant in this case, Jerry Barnes, was sentenced to a term of thirty (30) months incarceration as to Count 1 and placed on three (3) years of Probation as to Counts 3, 5-11, 13-16 and 18.

In the judgment, signed by United States District Judge Jerome Turner on November 15, 1989, the defendant was ordered to pay restitution to victims in the total amount of \$16,950.00 (see Exhibit A). One of those victims was Mitchell Lopp. The amount of ordered restitution to be paid to Mr. Lopp was \$750.00 (see Exhibit B).2

On January 18, 2005, a check in the amount of \$500.00 was mailed to Mitchell Lopp (see Exhibit C) as part of restitution.3 Mitchell Lopp is

¹ Exhibit A: Copy of judgement in criminal case 2:89cr20025-1.

² Exhibit B: Print-out of payment history as to case 2:89cr20025-1.

³ Exhibit C: Copy of check #00176942 from U.S. Treasury dated 1/18/05.

now deceased (see exhibit D).⁴ Mitchell Lopp's wife, Mamie Lopp, is requesting that payment of restitution be changed to reflect the restitution amount being paid to her instead of her deceased spouse (see exhibit E).⁵

It is hereby ordered that the restitution victim in this case be changed from Mitchell Lopp to Mamie Lopp, 343 Waterloo Road, Lawrenceburg, TN 38464 and that the \$750.00 in restitution be paid to her instead of Mitchell Lopp.

IT IS SO ORDERED this the 2 day of June, 2005.

JON PHIPPS McCALLA

UNITED STATES DISTRICT JUDGE

⁴ Exhibit D: Copy of death certificate of Mithcell Lopp with attached letter from Mamie Lopp.

⁵ Exhibit E: Letter from Mamie Lopp with certified copy of death certificate of Mitchell Lopp.

				UCH
Case 2:89-cr-20025-JPM D				ID 3
United S	tates	组istrict	Court E	EXHIBIT
Western			ennessee	A
	DIST N	CI OF	incisee 3	23465
UNITED STATES OF AMERIC				
V. (3)	141115	JUDGM	ENT IN A CRIMINAL	CASE
Jerry Barnes	LED			CASE
NO CLERK WEST	N 15 1989 I. U. S. UIST. COUNT. IERN DIST. OF. TENN	Space Number:	89-20025-01-TU	
(Name and Address of Defendar	/~	Greg Keenu	m, retained	
	111 101		Attorney for Defendant	1
THE DEFENDANT ENTERED A PLEA (OF:			
□ guilty □ nolo contendere] as to cour □ not guilty as to count(s)				, and
THERE WAS A: [M finding verdictlof quilty as to count document entered document entered for FRCrP on NOV	nt(s) 1, 3, 5,	6, 7, 8, 9, 10, 11, 1	3, 14, 15, 16 and 18	
TUEDE WAS A ROLL FROM NOV	1 5 1989	heet in complian	nce with Rule 55 an	đ/c i
THERE WAS A: [finding verdict] of not guilty as to a supply as to a supply a supply a supply as to a supply a supply a supply as to a supply a su	Count(e)	•		цу С.
				·
The defendant is acquitted and discha-	rged as to this	/these count(s).		•
THE DEFENDANT IS CONVICTED OF and intending to devise a scheme and a in violation of Title 18, U.S.C. §§1341 and	rtifica to del	formand harmon and	lawful use of mai transferees of used i	ls in devising

and of making false statements by certifying false odometer readings; in violation of Title 15, U.S.C. §§1988(b) and 1990(c) as charged in counts 3, 6, 8, 10, 13, 15 and 18 of the indictment.

IT IS THE JUDGMENT OF THIS COURT THAT: the defendant is sentenced to a period of thirty (30) months imprisonment as to count 1. Imposition of sentence is hereby suspended as to counts 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18 and the defendant is placed on probation for a period of three (3) years to run consecutive with the sentence imposed in count 1 including parole or supervised time. The defendant shall pay restitution in the amount of \$16,950.00 and restitution is to be made to those persons contained in exhibit #13 of the affidavit filed 9-22-89 thereon, and the amounts reflected in exhibit #13 with the exception of #2 - Joseph and Linda Barnum who shall be paid not more than \$2,000.00. The restitution shall be paid in no less than 3 equal annual installments during the period of probation and the government shall see that the victims will be reimbursed proportionate to the amount of their loss by virtue of installment payments. No interest is to accrue on the restitution.

The defendant has been granted leave to report to the institution designated by the Bureau of Prison as notified by the Clerk's Office.

In addition to any conditions of probation imposed above, IT IS ORDERED that the conditions of probation set out on the reverse of this judgment are imposed.

Case 2:89-cr-20025-JPM CONUMONSOFFIRE BA Where probation has been ordered the defendant shall: (1) refrain from violation of any law (federal, state, and local) and get in touch immediately with your probation officer if arrested or questioned by a law-enforcement officer; (2) associate only with law-abiding persons and maintain reasonable hours; (3) work regularly at a lawful occupation and support your legal dependents, if any, to the best of your ability. (When out of work notify your probation officer at once, and consult him prior to job changes); (4) not leave the judicial district without permission of the probation officer; (5) notify your probation officer immediately of any changes in your place of residence; (6) follow the probation officer's instructions and report as directed. The court may change the conditions of probation, reduce or extend the period of probation, and at any time during the probation period or within the maximum probation period of 5 years permitted by law, may issue a warrant and revoke probation for a violation occurring IT IS FURTHER ORDERED that the defendant shall pay a total special assessment of \$ 700.00 pursuant to Title 18, U.S.C. Section 3013 for count(s) 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 16 and 18 as follows: \$50.00 as to each of the above counts to be paid immediately. IT IS FURTHER ORDERED THAT counts___ 2, 4, 12 and 17 are DISMISSED on the motion of the United States. IT IS FURTHER ORDERED that the defendant shall pay to the United States attorney for this district any amount imposed as a fine, restitution or special assessment. The defendant shall pay to the clerk of the court any amount imposed as a cost of prosecution. Until all fines, restitution, special assessments and costs are fully paid, the defendant shall immediately notify the United States attorney for this district of any change in name and address. IT IS FURTHER ORDERED that the clerk of the court deliver a certified copy of this judgment to the United States marshal of this district. ☐ The Court orders commitment to the custody of the Attorney General and recommends: September 22, 1989 Date of Imposition of Judicial Officer Jerome Turner, U.S. District Judge Name and Title of Judicial Officer Date RETURN

By

United States Marshal

Deputy Marshal

Name: BARNES, JERRY Caseno: 2:89cr20025-1

Last reviewed on 2004-11-03 by Daria.

	Judgment	Paid	Balance
Special Assessment	700.00	0.00	700.00
Restitution	16950.00	11299.98	5650.02
Fine	0.00	0.00	0.00
Total	17650.00	11299.98	6350.02

View payment history

Select a printer: Finance

Print payment history

List of victims:

AGNES, CHARLES AND PATSY (\$1400.00): View payments

BARHAM, JOSEPH AND LINDA (\$2000.00 on hold): View payments

CATO, JAMES AND MARY (\$1450.00): View payments

HARRISON, EDDIE (\$1450.00): View payments

HUCKABY, BOYD (\$700.00 on hold): View payments

LEATH, BETTY J (\$950.00): View payments

LEVAN, WILLIAM AND ANN (\$1900.00): View payments

LOPP, MITCHEL (\$750.00 on hold): <u>View payments</u> MARTIN, THOMAS (\$1450.00): <u>View payments</u> MAYFIELD, SHIRLEY (\$950.00): <u>View payments</u>

QUILLEN, AUSTIN AND PAULA (\$1000.00): View payments

TIPLER, DONNIE (\$1700.00 on hold): View payments WOODS, EARNEST (\$1250.00): View payments

Mark as reviewed	
Reviewer: Daria	
Password:	
Mark as reviewed	

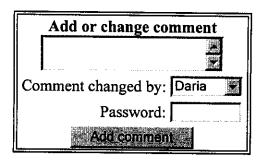


EXHIBIT
B

Return to search screen

Pagelofl

Case 2:89-cr-20025-JPM Document 33 Filed 06/22/05 Page 6 of 12 PageID 6

LOPP, MITCHEL Victim name: Victim address: ROUTE 4, BOX 392

LAWRENCEBURG, TN 38464

Case number: 2:89cr20025-1 Debtor name: JERRY BARNES Total owed: 750.00

Date Amount Paid Voucher Number 5010502/106 2005-01-05 sf1098,7650700194_1 2005-04-12 500.00 -500.00 0.00

Total:



United States Creasury 15-51 U.S. DISTRICT COURT

4676-00176942

Check No

01 18 05 89-20025; JERRY BARNES

00176942

Pay to he order of

MITCHEL LOPP
ROUTE 4, BOX 392
LAWRENCEBURG TN 38464

\$==***500*00

VOID AFTER ONE YEAR

REF. No.

DISBURSING OFFICER

To Whom it May Concern, I recieved this check made out to my late husband Mitchel Soff, My Grand-daughter Dordra Parker (931) 766-2821) called to jained out what to do with it, whether to send it back or & I was entitled to cook it. To one let us know, Do it am sending it back to you if you determine I am entitled to it please send it back or make out one in my mame. I have enclosed his death certificate. Hank you Marie Soff 343 Waterloo Rd If you need to contact me all number above. et En my Grand Baughters number.



MAURY COUNTY DEPARTMENT OF HEALTH

100 BLYTHEWOOD DRIVE COLUMBIA, TENNESSEE 38401

TYPEPRINT					DEPARTMENT			s	TATE FILE NUME	RER			
PERMANENT BLACK WK	1. DECEDENTS NAME (F	· · · · · · · · · · · · · · · · · · ·					2. SEX		OF DEATH (Mo		er)		
FOR INSTRUCTIONS	John Mitchel						1	uary 25,					
SEE HANDBOOK	4. SOCIAL SECURITY NUM (of Deceased)	IBER BIRTHDAY	(Years) % UNDER		SC UNDER LOAY	8. DATE OF BIRT	H. (Marth, Day, Year)		PLACE (City and S		Country)		
	410-36-2278 8. WAS DECEDENT EVER ARMED FORCES?		88		i	May 7,		1	ence Cou				
i be beinn	1 Yes 2 No 1 X inpatent 2 ER/Outpatient 3 OOA 4 Nursing Home 5 Residence 6 Other/Special												
1	Ph. FACILITY NAME (IF THE				c. CITY, TOWN,					TY OF DEA			
	Maury Region	al Hospit	ŀ	Columbia						ın			
	10. MARITAL STATUS—Ma Never Married, Widowed Divorced (Specify)	mied, 11 SURVIV	IVING SPOUSE 12a. DECEDENT'S USU (Give kind of work of working life. Do got			S USUAL OCCU	most of	126	26. KIND OF BUSINESS/INDUSTRY				
	Married	Mamie	Mamie Guin			r Operat	•	la	icycle M				
5	13a. RESIDENCE-STATE	13b. COUNTY	130		N OR LOCATION				NUMBER OR RU				
-	TN	Lawrence	i La	wrence	bura		1		loo Rd.	MAL LOCA!	ION		
CENSUS TRAC	13e. INSIDE CITY 13f. ZII	PCODE	14 WAS DECED	ENT OF HISE	ANIC ORIGIN?	15. R/	CE-American			EDENT'S EL	DUCATION		
ž ž	1 Yes		14. WAS DECED (Specify Yea Mexican, Pue	or No-If yes, s icto Rican, etc.	ipecify Cuban, Yes (D B	ack, White, etc.		(Specify only	y highest gre	de completed)		
Deceberal physician o	2 X No 384	64	Specify, if yes			Whi			Elementary/Seco		College(1-4 or		
	17. FATHER'S NAME (First	, Middle, Last)	1				'S NAME <i>(Firel, 1</i>	Birdre 44-	dan Sansan	3	<u> </u>		
Contract of	Charlie Lop							niccie, Mai	uen Sulhame)				
3 5	19a. INFORMANTS NAME	(Type/Print)		105 057	ATIONSHIP TO	Rosie	Griggs						
- "		1.35-			CEASED	190. MAILING State, Zij	ADDRESS (Str Code)	eet and Nu	mber or Rural Ro	ute Number,	City or Town,		
	Carl Lopp			Son			14 P	urcel	l Rd., L	·BOTTA,	TN		
	20. METHOD OF DISPOSIT	PIONI				1	3845	6					
	1 Series 2 Crements		20b. F	'LACE OF DIS Mer place)	SPOSITION (Nen	ne of cemetary, c	remetory, or	20c. LOC	ATION—City or	Town, State			
	4 Donetton 5 Other (5		4 WORLDRING					Laws	ence Co	unty			
			Lop	p Ceme	tery		$\overline{}$	TN		_			
	21e. SIGNATURE OF FUNE	PAL DIRECTOR	<i>)</i> 2	FUNERA	NUMBER OF 2 L DIRECTOR	1c. SIGNATURE	OF EMPALMEN				NSE NUMBER MBALMER		
	20. NAME AND ADDRESS	real		4490	L		The second	,,,,	7	5251			
	1 \		E					ź	2b. LICENSE NU	MBER OF FI	UNERAL HOM		
	Neal Funeral							1					
	231 N. Milita	ATY Ave	Lawrence	burg,	TN 38464	l			36				
11 11 11 11 11	23. REGISTRARYS SIGNATE	RE-	/ ,	7	/		DATEFILED (
	- 1 ICR	$\omega \downarrow$	Mu			ر ا	1/100	(کم م	6.0	001	/		
	25e. PHYSICIAN — To the be	sat of my knowledge	, shall occurred a	the time, date	e, and place, and	due to the cause	(s) and manner	as stated.		001			
	1 X SIGNATURE A	IND TITLE OF PHING	http://				b. LICENSE NU		125c DATE:	SIGNED			
	•	V	,,			1			Zoc. DATE	Mos (Mos	nth, Day, Year)		
THEFT	26a. MEDICAL EXAMINER	— On the basis of e	xemination and/or i	nvestigation i	is my opinion, de	eth assured at the		- 1					
	2 SIGNATURE A	NO TITLE OF MEDI	CAL EXAMINER	vangaaon, t	in this opinion, de	aun occurred at ti	re time, and plac	e, anje due			s stated.		
	mm	me				26	b. LICENSE NU	MBER	28c. DATE S	SIGNED (MO	nth, Day, Year)		
YSICIAN OR MED-	27. NAME ANY ADDRESS OF	E CERTIFIED (DUVE	TICHE DI LEGIC	. EVALUATE		L	N 196	17	12-	<u> 18- 0</u>	<u>2/ </u>		
UTING CERTIFICATE	,		•					•					
IT COMPLETE AND N MEDICAL CERTIFI	John A. Maloc	f,III 12	222 Trotw	ood Av	e.,Suite	207,Co	lumbia,	TN 38	401				
TION WITHIN 48 (28. PART I. Enter the diseas	e, injuries, or compli	ications that cause	d the death. E	Do not enter the r	node of dying, su	ch as cardiac or	respiratory		App	roximate		
]	iMMEDIATE CAUSE (Fine)	heart failure. Listi or	nly one cause on e	ath line.							val Between		
	disease or condition		ante	سند	MI	_				One	et and Death		
	resulting in death)	-	DUE TO (OR AS	A CONSEQU	UENCE OF):						any		
NSTRUCTIONS NOTHER SIDE		1.	1-		1. 7	. 1.	1.						
	Sequentially list codrtions,	b	DUE TO (OR AS	A COURTON	<u> </u>	ay orac	enge						
	If any, leading to immediate cause. Enter UNDERLYING	J	DOE TO (OR AS	TO THE COL	UCINCE UP):	U				1			
0.85 (34)	CAUSE (Disease or injury	\ c	01000										
	that initiated events		DUE TO (OR AS	A CONSEQU	UENCE OF):								
	resulting in death) LAST d												
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 29a. WAS AN AUTOPSY 29b. WERE AUTOPSY FINDING: PERFORMED? AVAILABLE PRIOR TO												
į								PERFORM			N OF CAUSE		
Ì						·				OF DEATH?			
j							1-	Yes 2	— No	Yes	2 🗀 No		
<u>}</u>	30. MANNER OF DEATH	312 0	ATE OF INJURY	316 TIME	OF 131c IN "	IRY AT WORK?		•	NJURY OCCURR				
ĺ	Natural 4 (Pen	ndina (Mic	onth, Day, Year)	INJUI			JIG DESCR	DC U(\&&)	HUURT CACURR	IED.			
(Netural 5 inve	etigetion		Ī	, 'L	' ""	ſ						

Case 2:89-cr-20025-JPM Document 33 Filed 06/22/05 Page 10 of 12

Devia White,



Il spoke with Mrs. White over the phone on the nather of a \$500,00 Check made out to Mitchell Both for a class action swite on odometer tampering. This is the importation she are jor; Marrie Both to reissue the Check.

343 Waterboth Lawrence burg TN 38%4

The you need anything class or need to speak to me please call Sordra Parker (931) 766-2821

Shark you

MAURY COUNTY Case 2:89-cr-20025-JPM DEPARTMEN FIGH OF 2/05 Page 11 of 12 Page D 11

100 BLYTHEWOOD DRIVE COLUMBIA, TENNESSEE 38401

CRECEDENT NUMBER FINAL RANK LAW 1.000 1.00		**					SSEE DEPAR					c	YATE EN	E NUMBE	R.		
TORN MIL COMPA SIGNET VARIOUS ASSETS TO STATE OF THE PROPERTY		1 DECEDENTS NAME	CET	(IIIIIOAI													
COUNTY COUNTY VALUE SAFETY OF THE SAFETY	BLACK INK							Mal		Febr	uarv	25.	2001				
### STATES	NSTRUCTIONS						TYEAR 50 UNDER LIDAY 8 DATE OF J									n Country)	
COCCESSION The Notice of Control	SEE HANDBOOK	(of Deceased)		1	1 ~~~	DAY	5 HOURS	MIN	Mav	7. 19	112	Lawr	ence	Coun	tv. 1	TN .	
CONTINUED Cont	1				<u> </u>		9a, PL	ACE OF D				<u> </u>			-27		
MALTY Regional Roptital New York of Columbia	DECEDENT	ARMED FORCES?	HOSPITAL:	Inpatient	2 ER/	Outpatient 3	DOA	OTHER:									
TO SHOULD OF BUSINESSMILL STANDARD CONTROL OF COUNTY TO SHOULD SHOW MAY SHOULD		9b. FACILITY NAME (I	f not institut	ion, give stree	t and numbe	r)	9c. CITY,	TOWN, O	R LOCAT	TION OF DE	ATH	9d. COUNTY OF DEATH				ИН	
No.		Maury Regi	onal E	Hospita	1												
Marrie of Mambe Guin Tow Motor Operator Sicycle Manufacturer The County		Never Married, Widowed, (If wife, give maiden no					ame) (Give kind of work done during most of					12	b. KIND (OF BUSINI	ESS/INDU	STRY	
Tany and																	
DISSUSTINCE OF THE ACCOUNT OF THE AC	ξ				_			-									
Specify Year's North Park permit Colored Specify Year's North Pa										15 PACE		n Indian. 16. DECEDENT'S E				DUCATION	
PROBLEM TO ARTHUR NAME (Past Middle, Last) TO EXERCISE NAME (Past Middle, Last) TO EXERCISE NAME (Past Middle, Last) TO EXERCISE STATE (Past Middle, Last) TO EXERCISE NAME (Past Middle, Last) TO EXERCISE STATE (Past Middle, Last) TO EXERCISE NAME (Past Middle, Last) TO EXERCISE STATE (Past Middle, Last) TO EXERCISE STATE (Past Middle, Last) TO EXERCISE STATE (Past Middle, Last) TO EXERCISE NAME (Past Middle, Last) TO EXERCIS	. 🗠	13e. INSIDE CITY 13 LIMITS?	If. ZIP COD	E 14. WAS DECEDENT OF H (Specify Yes or No-if yes			If yes, specify !	s, specify Cuban, Black			ck, White, etc.			(Specify only highest grade completed)		rade completed)	
Charlie Lopp To. NECHANITS NAME (?)por/Print) To. NECHANITS NAME (?)por/Print Name	Cian						can, etc.)	l			Elemer	ntary/Seco	_	2) College(1-4 or 5+)			
Charlie Lopp To. NECHANITS NAME (?)por/Print) To. NECHANITS NAME (?)por/Print Name	75 E				Sреспу, іг у	es:			1		AME (First	Middle M	aiden Sur	namel		<u> </u>	
TIGN. INFORMANTS NAME (TypenPrint) TIGN. INFORMANTS NAME (TypenPr	DARENTS		_	ie, Last)									algon our	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Carl Lopp Son 38468 Cax METHOD OF DISPOSITION To be best of my knockedges, place of my knockedges,	ME US	<u> </u>		O ::-0			ON DELATION	SHIP TO					lumber or	Rural Rou	te Numbe	r, City or Town,	
Carl Lopp Car NETHOD OF GESPOSITION Dinate 2 Cremation 3 Plancous hom date	≨ ጀ	19a. INFORMANTS NA	AME (1)pe	vi-tinų		- '		s	tate, Zip Co	de) I A I	Durce	11 B/	4. т.	eoma	าท		
DISPOSITION Committed Com	INFORMAN						Son							, -			
DISPOSITION DISPO		·>	POSITION					TION (Nam	e of cent	etery, crem	atory, or	20c. L	OCATION	—City or	Town, Stat	ze .	
216. LICENSE NUMBER OF PUNESAL DIRECTOR 216. LICENSE NUMBER OF PUNESAL DIRECTOR 217. NAME AND ADDRESS OF FUNESAL HOME 228. NAME AND ADDRESS OF FUNESAL HOME 229. NEGISTRAR 229. NEGISTRAR 220. SIGNATURE AND TITLE EXPENTS AND TITLE		1		3 Remova	al from State	other	piace)					Lav	vrenc	e Co	unty		
PURPOSITION Sequentially ist conditions of Part Source Of Part		4 Donation 5	Other (Specif	ý)		Lopp	Cemeter	y			\supset	TN					
DISPOSITION 22. NAME AND ADDRESS OF FUNERAL HOME Neal Funeral Home 23. N. Military Ava Lawrenceburg, TN 38464 25. PAYTECIAN — To the best of my knowledge, plant occurred of the time, date, and place, and due to the cause(s) and manner as stated. 26. PAYTECIAN — To the best of my knowledge, plant occurred of the time, date, and place, and due to the cause(s) and manner as stated. 26. PAYTECIAN — To the best of my knowledge, plant occurred of the time, date, and place, and due to the cause(s) and manner as stated. 26. DECENSE NUMBER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, any due to the cause(s) and, frammer as stated. 27. AMAE ANA ADDRESS OF CERTIFIER (PHYSICIAN) PAR MEDICAL EXAMINER — To		21a. SIGNATURE OF	FUNERAL I	DIRECTOR	\overline{n}	21b.				VATURE OF	EMBALME	24					
22. NAME AND ADDRESS OF FINERAL HOME Neal Funeral Home 231 N. Military Ave Lawrenceburg, TN 38464 25. DESTRAN 26. PRISIDAN —To the best of my knowledge, fight occurred by the time, data, and place, and due to the cause(c) and manner as stated. 1 N. SIGNATURE AND THILE OF MEDICAL EXAMINER 26. DATE SIGNED (Month, Day, Year) 1 N. MAIL AND ADDRESS OF CERTIFER (PHYSICLAR) REDICAL EXAMINER; Date of the time, and place, and due to the cause(c) and manner as stated. 2 N. MEDICAL EXAMINER — On the basis of examinating and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(c) and manner as stated. 2 N. MEDICAL EXAMINER — On the basis of examinating and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(c) and/manner as stated. 2 N. MAIL AND ADDRESS OF CERTIFER (PHYSICLAR) REDICAL EXAMINER; Day, Year) 20. LICENSE NUMBER 20. DATE SIGNED (Month, Day, Year) 21. CANNER, AND ADDRESS OF CERTIFER (PHYSICLAR) REDICAL EXAMINER; Day, Year) 22. DATE THE third the disease, Injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on eath line. 23. DATE I center the disease, Injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on eath line. 24. DATE OF (RAS A CONSEQUENCE OF): 25. DATE SIGNED (Month, Day, Year) 26. WAS AN AUTOPSY (Along) 27. DATE OF (RAS A CONSEQUENCE OF): 28. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 20. MANNER OF DEATH 20. MANNER OF DEATH 21. DATE OF INJURY 22. No. 23. MANNER OF DEATH 24. DATE OF INJURY 25. DATE OF INJURY 26. WERE AUTOPSY FINANCE 27. No. 29. WAS AN AUTOPSY 29. WAS AN AUTOPSY 20. No. 20. MANNER OF DEATH 20. DESCRIBE HOW NAURY OCCURRED 20. DATE OF INJURY 21. No. 21. DATE OF INJURY 22. No. 23. LICENS		<i>;/</i>)		FUNERAL DIRI	INERAL DIRECTOR							1					
Neal Fune ral Home 231 N. Military Ave Lawrenceburg, TN 38464 23. REGISTRAR 23. REGISTRAR Second Rifes 24. DIFFICIAN — To the best of my knowledge, pied occurred of the time, date, and piece, and due to the cause(s) and manner as stated. 1 IX SIGNATURE AND TITLE OF HENDAL EXAMINER 256. LICENSE NUMBER 256. DATE SIGNED (Month, Day, Year) 256. LICENSE NUMBER 256. DATE SIGNED (Month, Day, Year) 256. LICENSE NUMBER 256. DATE SIGNED (Month, Day, Year) 257. DATE SIGNED (Month, Day, Year) 258. LICENSE NUMBER 259. LICENSE NUMBER 250. DATE SIGNED (Month, Day, Year) 250. DATE SIGNED (Month, D	DISPOSITION	> 11/am	► Maying lead 4499							52							
23. N. Military Ave. Lawrenceburg, TN 38464 23. EGISTRAR SCIENTAGE SCIENTAGE SCIENT S		22a. NAME AND ADDRESS OF FUNERAL HOME 22b. LICENSE NUMBER									IMBER OF	FUNERAL HOME					
PRYSICIAN OR MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 1			Neal Funeral Home														
CERTIFIER 26a. Physician To the best of my knowledge, defid) occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 SIGNATURE AND TITLE OF PHYSICIAN 25b. LICENSE NUMBER 25c. DATE SIGNED (Month, Day, Year) 26a. MEDICAL EXAMINER 26a. MEDICAL EXAMINER 26b. LICENSE NUMBER 25c. DATE SIGNED (Month, Day, Year) 27. NAME AND DRESS OF CERTIFIER (PHYSICIAN) RMEDICAL EXAMINER 26b. LICENSE NUMBER 26c. DATE SIGNED (Month, Day, Year) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN) RMEDICAL EXAMINER 27c. DATE SIGNED (Month, Day, Year) 27c.		231 M. Military Ave. / hawlendeburg, in Joseph															
25a_ PHYSICIAN —To the best of my kno/kno/se_ physical	BECISTRAR	23. REGISTRAR'S SIG	SNATORE.	(1,11.	/	1 /			123		(Month,			00	, /	
CERTIFIER 26a. MEDICAL EXAMINER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, any due to the cause(s) and/namer as stated. 2	REGISTRAN	25a, PHYSICIAN —To	the best of	t my knowlesio	ie, gleath occ	urred at the	time, date, and	place, an	d due to l	the cause(s)	and mann	er as state					
DETICAL EXAMINER 28a. MEDICAL EXAMINER 28b. LICENSE NUMBER 28c. DATE SIGNED (Month, Day, Year) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR AND ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIER (PHYSICIAN)OR MEDICAL EXAMINER) 27c. NAME AN ADDRESS OF CERTIFIE		1		//	/// /	,								Sc. DATE	SIGNED	Month, Day, Year)	
PRYSICIAN OR MEDICAL EXAMINER 28b. LICENSE NUMBER 28c. DATE SIGNED (Month, Day, Year) 27b. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER 27c. NAME AND ADDRESS OF CERTIFIE				\mathcal{V}	<i>V</i> •	_											
PRYSICIAN OR MEDICAL EXAMINER 28b. LICENSE NUMBER 28c. DATE SIGNED (Month, Day, Year) 27b. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER (PHYSICIA) OR MEDICAL EXAMINER) 27c. NAME AND ADDRESS OF CERTIFIER 27c. NAME AND ADDRESS OF CERTIFIE	OFFICE D	26a. MEDICAL EXAM	INER O	n the basis of	stigation, in my	n, in my opinion, death occurred at the time, and place, and due to th						he cause(s) and manner as stated.					
EQUING GERTIFICATE JOHN A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Later the disease, Injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate Interval Between Conset and Death See INSTRUCTIONS ON OTHER SIDE CAUSE OF DEATH CAUSE OF CAUSE OF DEATH CAUSE Cliebses or injury that initiated events resulting in death) LAST d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE Cliebses or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The province of the province o	CERTIFIER	/															
EQUING GERTIFICATE JOHN A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Later the disease, Injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate Interval Between Conset and Death See INSTRUCTIONS ON OTHER SIDE CAUSE OF DEATH CAUSE OF CAUSE OF DEATH CAUSE Cliebses or injury that initiated events resulting in death) LAST d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE Cliebses or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): The province of the province o		1 > 9m		TV 1961						2.	<u> -28</u>	- 5/					
John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. John A. Maloof, III 1222 Trotwood Ave., Suite 207, Columbia, TN 38401 Approximate Interval Between Chase and Death Inc. DUE TO (OR AS A CONSEQUENCE OF): John All Inc. CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. John All Inc. John All Inc. John All Inc. John All Olescribe How Injury Columbia Approximate Interval Between Chase and Death Interval		27. NAME AND ADDE	RESS OF C	ERTIFIER (PH	YSICIANOR	MEDICAL	EXAMINER)	(Type/Prin	t)			•				-	
SIGNMEDICAL CERTIFY 28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory Approximate areas, shock, or heart failure. List only one cause on eath line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Between Consequence OF: DUE TO (OR AS A CONSEQUENCE OF): CAUSE OF DEATH CAUSE OF DEATH DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. COMPLETION OF CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. COMPLETION OF CAUSE OF DEATH 1 Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29a. WAS AN AUTOPSY PRINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No 1 No 2 No 2 No 2 No 2 No 2 No 2 No		John A. M	aloof	JII 3	L222 T	rotwo	od Ave.	,Suit	e 20	7,Col	umbia	, TN	3840	1			
ATTEX AND ALL PRICE PROMISED AT EACH OF DEATH ATTEX AND ALL PRICE OF DEATH 1 1 1 1 1 1 1 1 1		28. PART I. Enter the	e disease, li	njuries, or corr	plications th	at caused ti	ne death. Do n									, ,	
disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 29a. WAS AN AUTOPSY PERFORMED? PERFORMED? DUE TO (OR AS A CONSEQUENCE OF): 1	HOURS.	arrest, s	hock, or hea	art failure. Lis	t only one ca	use on eath	i line.										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 30. MANNER OF DEATH 30. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be betermined 31e. PLACE OF INJURY At home, farm, street, factory, office 31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)															5 day		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS		resulting in death)		<u> </u>	DUET	O (OR AS A	CONSEQUEN	ICE OF):		,							
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause giv			1	b.	وک	سمي	and t	47	in	du	me	<u>r</u>					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant co		1 .			DUET	O (OR AS A	CONSEQUEN	ICE OF):	V								
DEATH that initiated events resulting in death) LAST A. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not	CALISE OF																
resulting in death) LAST d. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 29b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No 2 N		CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF):							OF):								
PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 30. MANNER OF DEATH Natural 5 Pending Investigation Month, Day, Year) Suicide 6 Could not be Determined 31e. PLACE OF INJURY—At home, farm, street, factory, office Significant Street and Number or Rural Route Number, City or Town, State Description State Significant State Sta		t e e e e e e e e e e e e e e e e e e e															
COMPLETION OF CAUSE OF DEATH? 30. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined Suicide 6 Could not be Determined Place of INJURY At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number, City or Town, State of Injury At home, farm, street, factory, office Sit. LOCATION (Street and Number or Rural Route Number)											2						
30. MANNER OF DEATH 1 Yes 2 No 1 Yes 2 No 1 Yes 2 No		FERTORINE												COMPL	ETION OF CAUSE		
30. MANNER OF DEATH 1 Natural 5 Pending (Month, Day, Year) 2 Accident 3 Suicide 6 Could not be Determined 31e. DATE OF INJURY 31b. TIME OF 31c. INJURY AT WORK? 1 DESCRIBE HOW INJURY OCCURRED 1 Natural 5 Pending Investigation M 2 No Suicide 6 Could not be Determined Determined																	
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined Suicide 6 Determined Suicide, etc. (Specify) 1 NJURY 1 Yes 1 Yes 2 No 31e. PLACE OF INJURY—At home, farm, street, factory, office S1f. LOCATION (Street and Number or Rural Route Number, City or Town, State		1										<u></u>		s 2 No			
1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be Determined Suicide 6 Determined Suicide, etc. (Specify)		30. MANNER OF DE						31c. II	—		31d. DE	SCRIBE H	10W INJU	IRY OCCU	IKKED		
3 Suicide 6 Could not be Determined Sie, PLACE OF INJURY—At home, farm, street, factory, office Sift. LOCATION (Street and Number or Rural Route Number, City or Town, State building, etc. (Specify)		1 Natural 5	Pendir	ng igation	,, 24)	,		1	_								
building, etc. (Specify)		1 = .	مرادي وسياح	not be				*1			CATCO		Number - C	Dumi De-	uto Mumb	or City or Town State	
		3 Suicide 6	Deter	mined 31e.				sreet, fact	ury, office	317. LC	CATION (S	ueet and f	441110 0 1 OI	Aulai Kol	LE ITUIID	n, only or comit cond	



Notice of Distribution

This notice confirms a copy of the document docketed as number 33 in case 2:89-CR-20025 was distributed by fax, mail, or direct printing on June 22, 2005 to the parties listed.

Terrell L. Harris U.S. ATTORNEY'S OFFICE 167 N. Main St. Ste. 800 Memphis, TN 38103

Honorable Jon McCalla US DISTRICT COURT